



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

James Denton, MD

Respondent Name

Harris County

MFDR Tracking Number

M4-15-0463-01

Carrier's Austin Representative

Box Number 21

MFDR Date Received

October 2, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The following bill was audited and paid incorrectly. TDI-DWC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.204 (J) Subsection (3), Subparagraph (C) ... TDI-DWC addresses Impairment Rating (IR) Evaluations with Rule 134.204, Subsection (J) , Subsection (4), Subparagraph (C), (ii), (II)..."

MMI=\$350.00
IR – Upper Extremity=\$300.00
IR – Lower Extremity=\$150.00
IR – Ribs=\$300.00
IR – Skin Disorder=\$150.00
TTL=\$1100.00"

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "For date of service January 21, 2014, provider submitted billing for examination CPT 99456 WP - \$1,100.00 maximum medical improvement and impairment rating (4 body areas). The billing reflects 99456 WP MMI = \$350.00, IR – upper extremity = \$300.00, IR – Lower extremity = \$150.00, IR – Ribs = \$150.00, and IR – Skin Disorder = \$150.00; totaling \$1,100.00. Of this amount, \$950.00 was reimbursed. The total of body area was reduced from 4 to 3, as the diagnosed injury does not meet the definition and/or billing requirements for musculoskeletal body areas argued by the Requestor. In report, the documentation states compensable injury diagnosis of Left clavicle fracture, left lateral rib fracture, left shoulder abrasion, bilateral elbow abrasions, bilateral knee abrasions and Pulmonary contusion. Per Rule § 134.204 the body areas for IR determination would be 1. Body systems (Pulmonary Contusion) 2. Body Structures Skin (knees, shoulder and elbow) and 3. Spine and Pelvis (Ribs, Clavicle). This represents three body areas per rule § 134.204.

Pursuant to Rule § 134.204(j)(4)(C)(ii)(II), the bill was reimbursed accordingly...

This represents three body areas per Rule § 134.204; therefore, Self-Insured maintains that no further recommendation is due."

Response Submitted by: Thornton, Biechlin, Segrato, Reynolds & Guerra, L.C., 912 S. Capital of Texas Hwy, Austin, TX 78746-5242

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 14, 2014	Designated Doctor Examination	\$150.00	\$150.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the procedures for billing and reimbursement of Designated Doctor Examinations.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W1A – Workers Compensation State Fee Schedule Adjustment * Reimbursement per Rule 134.203/134.204. Prior to March 1, 2008, Rule 134.202 *
 - No reimbursement recommended on reconsideration/appeal.

Issues

1. What is the correct MAR for the disputed services?
2. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(j)(4), which states that "(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas. (i) Musculoskeletal body areas are defined as follows: (I) spine and pelvis; (II) **upper extremities** and hands; and, (III) **lower extremities** (including feet). (ii) The MAR for musculoskeletal body areas shall be as follows... (II) If full physical evaluation, with range of motion, is performed: (-a-) **\$300 for the first musculoskeletal body area**; and (-b-) **\$150 for each additional musculoskeletal body area**. (D) ... (i) Non-musculoskeletal body areas are defined as follows: (I) **body systems**; (II) **body structures (including skin)**; and, (III) mental and behavioral disorders. (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides... (v) **The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150**" [emphasis added].

Review of the submitted documentation finds that the requestor performed impairment rating evaluations for the following: left clavicle fracture, including surgical scarring; multiple left rib fractures; left shoulder abrasion; bilateral elbow abrasions; bilateral knee abrasions; and pulmonary contusion. The AMA Guides to the Evaluation of Permanent Impairment (fourth edition) places the clavicle in the section for upper extremities. The ribs and pulmonary contusion are found in the section for the respiratory system. The scarring from the clavicle surgery is appropriately reviewed in the section for skin. While abrasions would also normally be evaluated under the section for skin, the Request for the Designated Doctor (DWC032) indicates that the insurance carrier is requesting a full evaluation of the lower extremities (section VI.35). Submitted documentation finds that the requestor performed a full physical evaluation with range of motion on the lower extremities.

Therefore, the correct MAR for the disputed services is \$1100.00. See the table below for a detailed analysis.

Examination	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement		\$350.00
IR: Left Clavicle (ROM)	Upper Extremities	\$300.00
IR: Bilateral Elbow Abrasions (ROM)		
IR: Bilateral Knee Abrasions	Lower Extremities	\$150.00
IR: Ribs	Body Systems	\$150.00
IR: Pulmonary Contusion		
IR: Surgical Scar	Body Structures	\$150.00
Total MMI		\$350.00
Total IR		\$750.00
Total Exam		\$1,100.00

2. Review of the submitted documentation finds that the allowable reimbursement for the designated doctor examination is \$1100.00. The insurance carrier reimbursed \$950.00. The requestor is entitled to an additional reimbursement of \$150.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$150.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 22, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.